# HSA Reimbursement Form

HealthEquity®
Building Health Savings™

Mail or fax completed forms to:

**Address:** **HealthEquity, Attn: Member Services**
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

**Fax:** 801.727.1005

## Primary Account Holder Information

| Last Name | First Name | | M.I. |
|---|---|---|---|
| Street Address | City | State | ZIP |
| E-Mail Address (required) | Daytime Phone ( ) | SSN or HealthEquity ID Number (6 or 7 digits) | |

## Reimbursement Information

| Provider Name | Date of expense |
|---|---|
| Patient Name | Total Reimbursement* |

Type of expense: ☐ Medical ☐ Prescription ☐ Dental ☐ Vision (**Note**: No documentation is needed. Keep receipts for your records.)

*If the requested reimbursement amount is higher than your available balance, we will only process the reimbursement up to the available balance in the account. **An account closure fee is held in reserve from your account and may not be used for reimbursement.**

## Reimbursement Method

☐ **Option 1—Check**
This method is slower. Please allow 7–10 business days to receive your check. **A $2.00 fee will be deducted from your health savings account (HSA).**

☐ **Option 2—Use the verified electronic funds transfer (EFT) account already tied to my HealthEquity® HSA.** (If an EFT is not on file, a check will be sent and a $2.00 fee may apply. Please allow 7-10 business days for the check to arrive.)

☐ **Option 3—Transfer the funds to the following account.**
(**Note**: E-mail address is required for EFT.)

Account type: ☐ Checking ☐ Savings

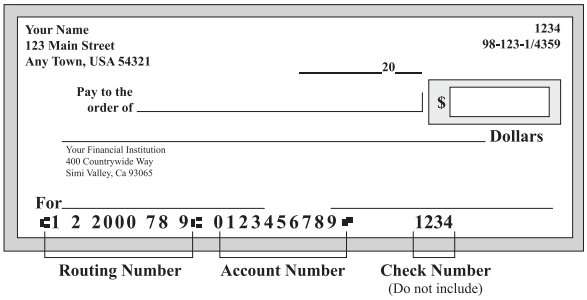
Financial institution:_____

City/state:_____

Routing number:_____

Account number:_____

**Form must be accompanied by a copy of a voided or actual check.**




## Reimbursement Authorization

By signing below, I authorize HealthEquity to reimburse me from my health savings account (HSA) for my expense in the manner specified above and I represent that the information I provided in this request is true and complete.

| Name (please print) | Signature | Date |
|---|---|---|
| | | |

Reimbursement requests can also be made online at www.healthequity.com.